## **Application for Relicensure**

## **Board of Examiners of Psychologists**

810 N. Main Street #298 Spearfish, SD 57783 Ph. 605-642-1600

For Board Use Only		
Date Received:		
\$CK#		
Approved By:		
Relicensure Period:		

Please be advised	the renewal fee has ch	anged to \$	300.00 begin	ning with the 20	14 renewal perio	
License #						
Please send all correspondence to my:		Mailing Address Employment Address				
Licensee Name:						
	(Last)	(First)	(M	liddle)	(Maiden)	
Mailing Address:						
	(Street or P.O. Box)		(City)	(State)	(Zip)	
Iome Telephone: (	)		Work Telep	hone: ()		
mployer Name:						
mployer Address:						
	(Street and PO Box)		(City)	(State)	(Zip)	
Email Address (Option	nal):					
) The above is	an address change					

Circo the existent data of your Couth Delecto Developerist Linears	V	NI-
Since the original date of your South Dakota Psychologist License	Yes	No
1. Has this or any other state rejected your application or revoked your professional		
license or certificate? If yes, provide full details on a separate sheet.		
2. Has any professional association rejected your application for membership or		
revoked a membership you held? If yes, provide full details on a separate sheet.		
3. Have you been found guilty of unprofessional conduct by a duly constituted		
professional organization or convicted by a state board of psychologist examiners of		
such unprofessional conduct? If yes, provide full details on a separate sheet.		
4. Have you been convicted by a court of law for any offense in connection with your		
practice as a Psychologist? If yes, provide full details on a separate sheet.		
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5. Have you been convicted of a felony after being licensed in the state of South		
Daktoa? If yes, provide full details on a separate sheet.		
6. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if		
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an applicant owes \$1,000 or more in past due child support. Do you owe more than		
\$1,000 in past due child support?		

) **I WILL NOT be renewing.** Please return form to the board office with the above information

completed and be sure to sign the form. No other information is necessary.

(print name) hereby apply for licensure renewal by the							
State of South Dakota Board of Examiners of Psychologists. I declare and affirm under the							
penalties of perjury that this renewal application has been examined by me, and to the best of my							
knowledge and belief, is in all things true and correct.							
(Signature)	Date (mm/dd/yyyy)						
Please initial here that you have enclosed the \$300.00 renewal fee payable by check or money order. Please make checks payable to the SD Board of Examiners of Psychologists.							

## SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS CONTINUING EDUCATION REPORT FORM.

In South Dakota Law the number of CEU hours has not been specified, but you must complete SOME continuing education. Please list the continuing education that you obtained below. You may attach additional sheets if needed.

Date(s) of	Name of	Format (Webinar, Self- Directed,	
Program	Presenter/Organization	Seminar)	Program Title